U.S. Department of Labor
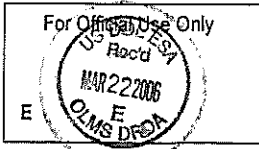Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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U.S. DOL-ESA Rec'd
MAR 22 2006
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3489

2. Fiscal Year Covered From:

01 / 01 / 2005   Through: 12 / 31 / 2005

3. Name and address of person filing.

Name   JEFF HEWITT

P.O. Box, Bldg., Room No., if any

Street   14621 Hwy 69 N

City   Northport

State   AL   ZIP Code + 4   35475

4. Name, file number, and address of labor organization.

Name   United Steelworkers Local 351L

Labor Organization File Number   003-483

P.O. Box, Building and Room Number, if any

Street   1923 Culver Road

City   Tuscaloosa

State   Alabama   ZIP Code + 4   35401

5. Position in labor organization.

Financial Secretary

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value **from an employer whose employees your organization represents** or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name   The Credit Union of Alabama FCU

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street   1215 Veterans Memorial Parkway

City   Tuscaloosa

State   AL   ZIP Code + 4   35404

7.a. Nature of Interest, Transaction, or Income.

1. Personal Loans

2. Savings Interest

7.b. Amount.

① $25,465.00

② $44.97

Signature   Jeff Hewitt

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed   Jeff Hewitt

On   3-13-06   205-333-9519
        Date   Telephone Number

Form LM-30 (2003)

Name of Person Filing	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

9. Business deals with:

    a. Labor Organization

    b. Trust

    c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer   or Consultant   ?

14.b. Amount of payment.